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FEC FORM 1		STATEM ORGAN				Office Use	Only
NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	e Example:If		12FE4M5		Only
Frederica	S. Wils	son for Cong	ress				
		,19821 NW 2nd Avenue					
ADDRESS (number and street) (Check if address is changed)			, 				
		Box 354					
		Miami Gardens			L ^{FL}	33169	
			CITY		STATE	ZI	P CODE
COMMITTEE'S E-MA (Check if is change) COMMITTEE'S WEB (Check if is change) 2. DATE 1. 3. FEC IDENTIFIC 4. IS THIS STATE	address address address d) D A CATION NU	http://Fredericawilsonfo	g.com rcongress.com C00460055	MENDED (A)			
I certify that I have o	examined th	is Statement and to the	best of my knowled	ge and belief it	is true, correc	t and comple	ete.
Type or Print Name	of Treasurer	Larry Handfield					
Signature of Treasure	Larry H	andfield	[Electro	onically Filed]	Date 10	M / D D D 14	2011
NOTE: Submission of		ous, or incomplete informa					s of 2 U.S.C. §437g.
Office			For furt	her information c	ontact:	EEC	EODM 1

l U:	ice se nly				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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